For Office Use License #: Date Issued:	
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## **Application for Hearing Aid Dispensers Licensure Iowa Department of Public Health/Bureau of Professional Licensure**

PLEASE PRINT	<b>Instructions are found on page 2</b>				
1	2. First Name and Middle Name				
3	iling Address				
4.	5.				
4City, State, Zip Code		E-Mail Address			
6 7 7	Date of Birth	8Social Sec	 urity Numbe	 ?r*	
9. Male Female  Gender (optional question)  10.  If any of your documentation	is in a name other than your curr	ent name, list the previ	ious names o	of record	<del>d</del>
The following questions must be answered. If you answer "Yo providing the details of the incident, (2) attach a copy of any co and (3) attach a copy of all official court documents regarding settlement. You must answer "Yes" even when a conviction or j	urt ordered evaluations, sh your conviction/malpraction	owing completion ce suit, including	and reco final disp	mmen ositior	dation
11. Been convicted, found guilty of or entered a plea of guilty (Other than minor traffic violations with fines under \$500)?			_	Yes	No
12. Had any judgments or settlements paid on your behalf as a re	<u> </u>		u.	Yes	No
13. Been investigated by a licensing, registration, or certification registration, or certification authority or organization institute professional practice? (If the investigation or action was institute "NO" to this question).	disciplinary action against	you related to y	our	Yes	No
14. Been disciplined or sanctioned by any licensing, registra related to your professional practice? (If this licensing board too to this question).			tion	Yes	No
15. Developed a medical condition which in any way impairs of with reasonable skill and safety? (If you are currently a particular committee, you may answer "NO" to this question.)			sion	Yes	No
16. Been engaged in illegal or improper use of drugs or other currently a participant in the Impaired Practitioner Review Communication			are	Yes	No
17. Type of Application: Examination	Endorsem	ent			
18. Are you currently certified with the National Board for Ce	rtification in Hearing Instru	ment Sciences?	☐ Yes		lo.
19. Have you passed the International Hearing Society Licensi	ing Examination?		☐ Yes	□ N	Мо
20. Are you or have you ever been licensed in another state? If yes, list the two letter postal codes of the state(s) below. (Please note: Official verification must be received direct	tly from each state board o	ffice to complete y	☐ Yes	□ N	

I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me in this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my application may be denied or that I may be subject to disciplinary action and criminal prosecution if I am already licensed.

I understand that I am required to update answers or information submitted herewith if the response or the information changes during the time period the application is pending. I also understand that this application is a public record in accordance with Iowa Code, Chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law. Finally in submitting this application, I consent to any reasonable inquiry that may be necessary to verify the information I have provided on or in conjunction with this application.

\*This information is collected pursuant to Iowa Code Chapters 252J, 261 & 272C. Failure to provide mandatory information will result in license denial. **Privacy Act Notice:** Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

666(a)(	denial. <b>Privacy Act Notice:</b> Disclosure of your Social Security Number (13) and Iowa Code § 252J.8(1). The number will be used in connection I means to accurately identify licensees, and may be shared with taxing a	with the collection of child support obligations and as an
21		
	Applicant must sign here in ink	Date
To con	RUCTIONS/CHECKLIST  Applete the application, answer each question completely in ink. Print  DRTING DOCUMENTS AND FEES ARE REQUIRED FOR LICEN	
LICEN	NSURE BY EXAMINATION:  Nonrefundable application fee of \$156, check or money order made you hold a temporary permit, submission of verification of training of Examination score results are received directly from the International email address to the IHS once the above application remembers are	ompletion is also required.] Hearing Society (IHS). [Note: The board office will submit you met. You will be notified via email by IHS with instructions fo
LICEN	SURE BY ENDORSEMENT:  Nonrefundable fee of \$156, check or money order made payable to the Proof of evidence of licensure requirements that are similar to those r Official verification of out-of state license(s): In addition to the do in any other state(s) must have official verification from each state include the issue date, expiration date, and any pending or past discip Copies of attendance certificates from continuing education acti endorsement, proof of current compliance with CE requirements in of National Board for Certification in Hearing Instrument Sciences.	e Iowa Board of Hearing Aid Dispensers. equired in Iowa. cuments listed above, applicants who hold or have held a license e provided direct to the Iowa board office. Verifications mustinary actions. vities completed during the 24 months immediately prior to
	Verification of one of the following:  Passing score on the International Hearing Society Licensing Exammay be required)	ination or an equivalent examination (additional documentation

**Applications must be complete and signed to be processed.** No application will be considered complete until all required supporting documents and fees have been received in the board office. The board will evaluate your qualifications solely on the basis of the information submitted. Questions regarding the application process may be directed to 515/281-4416 or <a href="maintainle-baugh@idph.iowa.gov">tamara.hidlebaugh@idph.iowa.gov</a>. An applicant who has been denied licensure by the board may appeal the denial and request a hearing on the issues related to the licensure denial by serving a notice of appeal and request for hearing upon the board not more than 30 days following the date of mailing of the notification of licensure denial to the applicant. The request for hearing shall specifically delineate the facts to be contested at hearing.

Current certification by the National Board for Certification in Hearing Instrument Sciences.

Have all documents mailed to the following address:

Iowa Board of Hearing Aid Dispensers Lucas State Office Building, 5<sup>th</sup> Floor 321 East 12<sup>th</sup> Street Des Moines, IA 50319-0075

## www.idph.state.ia.us/licensure

When you are licensed, you will be able to view and print your licensure status. Go to <a href="www.licensediniowa.gov">www.licensediniowa.gov</a>. Click on License Search, insert your name, and select your profession. Your license and wallet card will be mailed to you after Active status is posted.